

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011345 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/11/2016 |
| NAME OF PROVIDER OR SUPPLIER NORTH RIDGE ASSISTED LIVING # 2 | | STREET ADDRESS, CITY, STATE, ZIP CODE 39 MELODY ROSE LANE ASHEVILLE, NC 28804 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on May 11, 2016 from 9:50 AM to 10:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 14, 1988 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 1984 (1987 Revisions) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 8) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: | C 000 | | |
| C 174 | Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed that the GFCI receptacle to the right of the stove was loose and would not trip when tested. Have a qualified | C 174 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| C 174 | <p>Continued From page 1</p> <p>technician repair or replace the outlet. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>2. Observations revealed that the ceiling finish in the pantry was spalling along the exterior wall. Have a qualified technician repair the ceiling. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>3. Observations revealed that the emergency light had been replaced in the dining room. The new light is smaller and the opening is exposed from the previous mounting. Have a qualified technician patch the wall or adjust the fixture to cover the opening. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>4. Observations revealed that the sink fixture was loose in the right bathroom. Have a qualified technician secure the sink. Provide documentation of the repairs in the form of receipts or work orders.</p> <p>5. Observations revealed that both of the bathroom exhaust fans had an accumulation of dust. Sweep or vacuum out the fans so that they may properly ventilate. Provide documentation of the repairs in the form of photos.</p> <p>6. Observations revealed that one of the tiles at the drain had broken off in the shower. Have a qualified technician replace the tile. Provide documentation of the repairs in the form of photos, receipts or work orders.</p> <p>7. Observations revealed that the handrail at the toilet was loose in the tub bathroom. Have a qualified technician secure the rail. Provide</p> | C 174 | | |

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| C 174 | Continued From page 2 documentation of the repairs in the form of receipts or work orders. 8. Observations revealed that the ceiling finish was cracking at the front entry. Have a qualified technician repair the ceiling. Provide documentation of the repairs in the form of photos, receipts or work orders. 9. Observations revealed that this facility has a lower level. The level is only accessible from the outside and is normally locked. At the time of this survey, the doors were not locked and one of the exterior doors was damaged and open. The wood had been kicked in at the bottom and the door handle had been removed. As this level is not used except for storage, the level is falling into decay. Ceilings are falling in and there is mold on the ceilings throughout. Take the necessary measures to prevent the mold from spreading to the upper level. Secure the lower level for the safety of the Residents. | C 174 | | |
| C 101 | Construction-Single Family IV. The Building B. General Construction and Maintenance (10NCAC 42C .2102) 1. The home must meet the single family residential building code requirements of North Carolina Insurance Department. In addition, the following apply to facilities licensed after February 1, 1983, facilities which increase bed capacity, and facilities which change ownership. This Rule is not met as evidenced by: 1. Observations revealed that the bedroom windows had safety catches that, when engaged, could deter the Residents from safely evacuating | C 101 | | |

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| C 101 | Continued From page 3 the facility in the case of an emergency. Remove or disable the catches to allow for quick and easy egress in the case of an emergency. Provide documentation of the repairs in the form of photos or receipts. | C 101 | | | |